

# Wickliffe Mounds State Historic Site

94 Green Street—PO Box 155—Wickliffe KY 42087 • 270-335-3681 • carla.hildebrand@ky.gov • parks.ky.gov



## WHAT: DAY CAMP FOR AGES 9-12

An exciting and educational summer day camp will provide children a hands-on learning experience about Mississippian Native American culture, archaeology, and the natural environment. The day camp will have interactive activities such as guided tours, making clay pots & beaded necklaces, experiencing a mock archaeological dig and replica artifact analysis, playing Native American games and demonstrations at a kid's level for ages 9-12.

## WHEN: 9:00 AM TO 3:00 PM - THURSDAYS

- Camp Session I: **June 23, 2016** • Camp Session II: **June 30, 2016**
- Camp Session III: **July 7, 2016** • Camp Session IV: **July 14, 2016**

## COST:

- \$25per child. Payments must be received prior to camp session to reserve your spot.

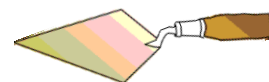
## DETAILS:

- Children need to bring a sack lunch and one snack each day and dress for outdoor weather
- Each camp is overseen by park staff
- Drop off beginning 8:45 a.m. and pick up no later than 3:30 p.m.
- Each child receives a camp t-shirt and family season pass to Wickliffe Mounds

## REGISTRATION:

- Call Wickliffe Mounds at 270-335-3681 • Mail registration form to the park • Email carla.hildebrand@ky.gov
- Limited to 10 children per session, so sign up early to reserve your spot
- Registration deadlines: Friday before each camp session.

## ARCHAEOLOGY ADVENTURE DAY CAMP FOR KIDS



### Registration Form—Archaeology Adventure Day Camp for Kids at Wickliffe Mounds State Historic Site

Please check:

\_\_\_\_\_ Camp I—June 23, 2016 \_\_\_\_\_ Camp II — June 30, 2016 \_\_\_\_\_ Camp III— July 7, 2016 \_\_\_\_\_ Camp IV — July 14, 2016  
\_\_\_\_\_ One Child \$25 \_\_\_\_\_ Your child's T-Shirt Size \_\_\_\_\_

Make checks payable to: *Wickliffe Mounds State Park*

Child's Name \_\_\_\_\_ Child's age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email addresses \_\_\_\_\_

Emergency Contacts: Please provide two contacts with name and phone

Name and Phone \_\_\_\_\_

Name and Phone \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_

Is your child on medication? \_\_\_\_\_

\_\_\_\_\_ Payment Method: \_\_\_\_\_ Cash (pay in person) \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (call park for credit card payments)